Case 24-16239-JKS Doc 70 Filed 10/14/24 Entered 10/14/24 20:29:10 Desc Main Document Page 1 of 18

Fill in t	his information to identify the case:			
Debtor N	Name NJ Mobile Health Care LLC			
United S	States Bankruptcy Court for the: District ofNew Jersey			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Check if the	nis is an	1
Case nu	mber: 24-10233-31(3	amended	filing	
Offic	cial Form 425C			
Onic	ciai Foiiii 425C			
Mon	thly Operating Report for Small Business Under Chapter 11		12	/17
	4 J 2024	10/14/2024		
Month:	Date report filed:	MM / DD / YYY	Y	
Line of	f business: Ambualnce NAISC code:		_	
	ordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury			
	have examined the following small business monthly operating report and the accompanying ments and, to the best of my knowledge, these documents are true, correct, and complete.			
	sible party: Louis V Greenett)			
137	I signature of responsible party			
2000	name of responsible party Louis V Greco III			
1 miles				
	1. Questionnaire			
An	swer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated	d.		
	If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A	Yes	No	N/A
	If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A	Yes	No	N/A
1.	Did the business operate during the entire reporting period?	Yes		1222
1. 2. 3.		Yes		
2.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time?	Yes 	0	
2. 3.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time?	Yes Zi Zi Zi		000
2. 3. 4.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time?	Yes Zi Zi Zi	0000	
2. 3. 4. 5.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?	Yes		0008000
2. 3. 4. 5.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? Have you timely filed your tax returns and paid all of your taxes?	Yes Zi		0000000
2. 3. 4. 5. 6. 7.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? Have you timely filed your tax returns and paid all of your taxes? Have you timely filed all other required government filings?	Yes Vi		0008000
2. 3. 4. 5. 6. 7.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? Have you timely filed your tax returns and paid all of your taxes? Have you timely filed all other required government filings? Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?	Yes Yes		
2. 3. 4. 5. 6. 7. 8. 9.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? Have you timely filed your tax returns and paid all of your taxes? Have you timely filed all other required government filings? Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? Have you timely paid all of your insurance premiums?	Yes Yes		0 0 0 0 0 0 0 0 0
2. 3. 4. 5. 6. 7. 8. 9.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? Have you timely filed your tax returns and paid all of your taxes? Have you timely filed all other required government filings? Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? Have you timely paid all of your insurance premiums? If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments in lines 10-18, attach an explanation and label it Exhibiting the payments	Yes Yes		
2. 3. 4. 5. 6. 7. 8. 9.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? Have you timely filed your tax returns and paid all of your taxes? Have you timely filed all other required government filings? Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? Have you timely paid all of your insurance premiums? If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit Do you have any bank accounts open other than the DIP accounts?	Yes Yes A A A A A A A A A A A A A		0 0 0 0 0 0 0 0 0
2. 3. 4. 5. 6. 7. 8. 9.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? Have you timely filed your tax returns and paid all of your taxes? Have you timely filed all other required government filings? Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? Have you timely paid all of your insurance premiums? If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhib. Do you have any bank accounts open other than the DIP accounts? Have you sold any assets other than inventory? Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?	Yes Yes		00000000000
2. 3. 4. 5. 6. 7. 8. 9.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? Have you timely filed your tax returns and paid all of your taxes? Have you timely filed all other required government filings? Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? Have you timely paid all of your insurance premiums? If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhib. Do you have any bank accounts open other than the DIP accounts? Have you sold any assets other than inventory? Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? Did any insurance company cancel your policy?	Yes Yes		000000000000
2. 3. 4. 5. 6. 7. 8. 9.	Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? Have you timely filed your tax returns and paid all of your taxes? Have you timely filed all other required government filings? Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? Have you timely paid all of your insurance premiums? If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhib. Do you have any bank accounts open other than the DIP accounts? Have you sold any assets other than inventory? Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? Did any insurance company cancel your policy? Did you have any unusual or significant unanticipated expenses?	Yes Yes		0000000000000

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Debtor f	NJ Mobile Health Care LLC Case number 24-16239-JKS			
17	Have you paid any bills you owed before you filed bankruptcy?		\Box	
18	Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?			
Villa Control	2. Summary of Cash Activity for All Accounts			
19.	Total opening balance of all accounts			
	This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.	\$_	48	<u>.3</u> 7
20.	Total cash receipts			
	Attach a listing of all cash received for the month and label it <i>Exhibit C</i> . Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of <i>Exhibit C</i> .			
	Report the total from Exhibit C here. \$0.00			
21.	Total cash disbursements			
	Attach a listing of all payments you made in the month and label it <i>Exhibit D</i> . List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of <i>Exhibit D</i> .			
	Report the total from Exhibit D here.			
22.	Net cash flow			
	Subtract line 21 from line 20 and report the result here. This amount may be different from what you may have calculated as net profit.	+ \$_	0	. <u>00</u> .
23.	Cash on hand at the end of the month			
	Add line 22 + line 19. Report the result here.		024	1000
	Report this figure as the cash on hand at the beginning of the month on your next operating report.	= \$_	48	.37
	This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.			
Sinon				
45%	3. Unpaid Bills			
	Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it <i>Exhibit E</i> . Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from <i>Exhibit E</i> here.	*		
24.	Total payables	\$_	0	.00
	(Exhibit E)	_		
_				

Debtor Name	NJ	Mobile	Health	Care	LIC
Deptor Maine	1 40	IVIODIIC	1 IC CITI	Care	

Case number 2	I-16239-JKS	
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4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it Exhibit F. Identify who owes you money, how much is owed, and when payment is due. Report the total from Exhibit F here.

25. Total receivables

(Exhibit F)

0.00

5. Employees

- 26. What was the number of employees when the case was filed?
- 27. What is the number of employees as of the date of this monthly report?

		^
		()

0

0.00

0.00

6. Professional Fees

- 28. How much have you paid this month in professional fees related to this bankruptcy case?
- 29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?
- 30. How much have you paid this month in other professional fees?
- 31. How much have you paid in total other professional fees since filing the case?

\$	0.00
	0.00
T.	0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Colun	nn A	_	Colum	nn B	_	Colum	n C
	Proje	ected	-	Actu	al	=	Diffe	rence
		lines 35-37 from evious month's		Copy this re	lines 20-22 of port.			act Column B Column A.
32. Cash receipts	\$	0.00	-	\$	0.00	=	\$	0.00
33. Cash disbursements	\$	0.00	-	\$	0.00	=	\$	0.00
34. Net cash flow	\$	0.00	-	\$	0.00	=	\$	0.00

- 35. Total projected cash receipts for the next month:
- 36. Total projected cash disbursements for the next month:
- 37. Total projected net cash flow for the next month:

6,586.20

5,576.82

1,009.38

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ebtor Name	NJ Mobile Health Care LLC	Case number 24-16239-JKS
	8. Additional Information	
If availa	ble, check the box to the left and attach copies of the following docum	ents.
38.	Bank statements for each open account (redact all but the last 4 digits of	faccount numbers).
39.	Bank reconciliation reports for each account.	
4 0.	Financial reports such as an income statement (profit & loss) and/or bala	nce sheet.
4 1.	Budget, projection, or forecast reports.	
42.	Project, job costing, or work-in-progress reports.	

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Monthly Operating Report – June 2024

Question 5 -

There was a single twenty-dollar (\$20.00) payment that was deposited into the prepetition bank account while the DIP accounts were being established at Valley Bank and before the prepetition bank accounts were closed.

Exhibit B

Monthly Operating Report – June 2024

Question 10 – The pre-petition bank accounts were closed on 7/10/2024 after DIP accounts were established. July 4^{th} related holiday closures and other logistical delays caused delay in closing old accounts.



P.O. Box 15284 Wilmington, DE 19850

NJ MOBILE HEALTH CARE LLC 370 FRANKLIN TPKE STE 2 MAHWAH, NJ 07430-2291

Business Advantage

Customer service information

- 1.888.BUSINESS (1.888.287.4637)
- bankofamerica.com
- Bank of America, N.A.
 P.O. Box 25118
 Tampa, FL 33622-5118

Your Business Advantage Relationship Banking

for June 1, 2024 to June 30, 2024

NJ MOBILE HEALTH CARE LLC

Account summary

\$14.27
10,003.42
-10,063.18
-0.00
-32.50

Ending balance on June 30, 2024

Account number:

202

of deposits/credits: 20

of withdrawals/debits: 36

of items-previous cycle1: 0

of days in cycle: 30

Average ledger balance: \$415.30

¹Includes checks paid, deposited items and other debits



Important information about payment scams

We will never...

- call and ask you to send money using Zelle® to yourself or anyone else.
- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it's likely a scam.

-\$77.99

Treat Zelle® payments like cash – once you send money, you're unlikely to get it back.

Learn more about trending scams at bofa.com/helpprotectyourself

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SSM-09-23-0692.A | 6039180

IMPORTANT INFORMATION:

BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error
 or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and

Equal Housing Lender

2621 | June 1, 2024 to June 30, 2024

NJ MOBILE HEALTH CARE LLC | Account #

Deposits and other credits

Date	Description	Amount
06/03/24	Online Banking transfer from CHK 2650 Confirmation# 7432774582	150.00
06/05/24	Online Banking transfer from CHK 2650 Confirmation# 7460635669	350.00
06/06/24	Online Banking transfer from CHK 2650 Confirmation# 7968886692	250.00
06/07/24	Online Banking transfer from CHK 2650 Confirmation# 7480175723	100.00
06/07/24	Online Banking transfer from CHK 2650 Confirmation# 7680156627	70.00
06/10/24	Online Banking transfer from CHK 2650 Confirmation# 4805512958	500.00
06/10/24	Online Banking transfer from CHK 2650 Confirmation# 7587718565	150.00
06/10/24	Online Banking transfer from CHK 2650 Confirmation# 4503013095	50.00
06/10/24	Online Banking transfer from CHK 2650 Confirmation# 5003941397	50.00
06/10/24	Online Banking transfer from CHK 2650 Confirmation# 4804290051	40.00
06/11/24	Online Banking transfer from CHK 2650 Confirmation# 7713126237	75.00
06/14/24	Online Banking transfer from CHK 2650 Confirmation# 7239666728	28.00
06/17/24	WIRE TYPE:WIRE IN DATE: 240617 TIME:1720 ET TRN:2024061700554083 SEQ:3750014169ES/035384 ORIG:DANIELLE BENSIMHON GRECO ID:091102466965 SND BK:JPMORGAN CHASE BANK, NA ID:021000021 PMT DET:DCD OF 24/06/17	4,800.00
06/17/24	Online Banking transfer from CHK 2650 Confirmation# 7858175774	238.00
06/17/24	Online Banking transfer from CHK 2650 Confirmation# 7958266600	40.00
06/18/24	Online Banking transfer from CHK 2650 Confirmation# 7670994356	275.00
06/18/24	Online Banking transfer from CHK 2650 Confirmation# 7373215683	25.00
06/20/24	RETURN OF POSTED CHECK / ITEM (RECEIVED ON 06-18)	2,718.11
06/21/24	Online Banking transfer from CHK 2650 Confirmation# 7100048872	75.00
06/21/24	Online Banking transfer from CHK 2650 Confirmation# 8099959501	19.31

Account security you can see

Total deposits and other credits

Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.





Your checking account

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices.

Message and data rates may apply.

SSM-11-23-0458.C + 6115469

\$10,003.42

Withdrawals and other debits

Date	Description	Amount
06/03/24	Zelle payment to Ted Rawley Conf# tgeevrhv7	-100.00
06/06/24	Zelle payment to Ted Rawley Conf# taOlhbov4	-300.00
06/11/24	Online Banking Transfer Conf# jjgo65fm3; Lime Line Operations LLC	-300.00
06/17/24	Online Banking Transfer Conf# uksastblj; Lime Line Operations LLC	-1,800.00
06/17/24	Online Banking transfer to CHK 2650 Confirmation# 7166009820	-223.00
06/17/24	Online Banking Transfer Conf# tjw4as9wt; Lime Line Operations LLC	-25.00
06/18/24	AFCO CREDIT CORP DES:PAYMENTS ID:18417700 INDN:NJ MOBILE HEALTHCARE CO ID:2472319830 CCD	-2,718.11
06/21/24	WIRE TYPE:WIRE OUT DATE:240621 TIME:1610 ET TRN 2024062100543633 SERVICE REF:018576 BNF:AFCO ID:5105084376 BNF BK:TRUIST BANK ID:05310 1121 PMT DET:497885180 ACT 015511297895	-2,718.11
Card accou	nt # XXXX XXXX XXXX 8636	
06/03/24	CHECKCARD 0530 VALERO MAHWAH MAHWAH NJ 24427334152120002551778 CKCD 5542 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-61.18
06/03/24	CHECKCARD 0601 VALERO MAHWAH MAHWAH NJ 24427334154120002460507 CKCD 5542 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-54.45
06/05/24	PULASKI BBQ 06/05 #000000633 PURCHASE PULASKI BBQ NEWARK NJ	- 27.97
06/06/24	CHECKCARD 0605 LUKOIL 57298 NEWARK NJ 24941684158838003248412 CKCD 5542 XXXXXXXXXXXXXX8636 XXXX XXXX XXXX 8636	-110.41
06/06/24	TD BANK 06/06 #000001046 WITHDRWL 375 ROUTE 17 NORT MAHWAH NJ	-23.50
06/07/24	CHECKCARD 0605 QUICK CHEK CORPORATION RAMSEY NJ 24427334158710002188003 CKCD 5542 XXXXXXXXXXXX8636 XXXX XXXX XXXX 8636	-60.75
06/07/24	BJS WHOLESALE 06/07 #000515092 PURCHASE BJS WHOLESALE #0 MONROE NY	-169.07
06/10/24	CHECKCARD 0608 QUICK CHEK CORPORATION MAHWAH NJ 24427334161710002566971 CKCD 5542 XXXXXXXXXXXX8636 XXXX XXXX XXXX 8636	-50.00
06/10/24	CHECKCARD 0608 WM SUPERCENTER MONROE NY CKCD 5411 XXXXXXXXXXXXXX8636 XXXX XXXX XXXX 8636	-6.92
06/11/24	CHECKCARD 0610 RAMSEY GOURMET RAMSEY NJ 24194334162030015935604 CKCD 5814 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-6.09
06/11/24	CHECKCARD 0610 MAHWAH DELICATESSEN & C MAHWAH NJ 24468164163000000162547 CKCD 5499 XXXXXXXXXXXX8636 XXXX XXXX XXXX 8636	-21.80
06/11/24	PURCHASE 0610 LIFE RIDE 401485 HTTPSWWW.RIDENJ	-74.00
06/12/24	CHECKCARD 0610 AUTOZONE #6450 EAST BRUNSWICNJ 24137464163200177052928 CKCD 5533 XXXXXXXXXXXXXXX8636 XXXX XXXX XXXX 8636	-115.57
06/12/24	CHECKCARD 0611 NAPA ONLINE 877-805-6272 GA 24431054163700477167591 CKCD 5533 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-222.07
06/12/24	CHECKCARD 0611 RAMSEY GOURMET RAMSEY NJ 24194334163030015767915 CKCD 5814 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-6.17
06/12/24	CHECKCARD 0611 MAHWAH DELICATESSEN & C MAHWAH NJ 24468164164000000163155 CKCD 5499 XXXXXXXXXXXX8636 XXXX XXXX XXXX 8636	-36.09
06/12/24	QUICK CHEK COR 06/12 #000697195 PURCHASE QUICK CHEK CORP MAHWAH NJ	-9.13
06/14/24	CHECKCARD 0612 QUICK CHEK CORPORATION MAHWAH NJ 24427334165710002677014 CKCD 5542 XXXXXXXXXXXX8636 XXXX XXXX XXXX 8636	-50.30
06/17/24	CHECKCARD 0614 SUNOCO 8002083001 MAHWAH NJ 24022074167003836499402 CKCD 5542 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 8636	-52.76
06/17/24	CHECKCARD 0616 AUTOZONE #1134 LINDEN NJ 24137464169001145083936 CKCD 5533 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-279.99
06/20/24	CHECKCARD 0618 MOTOROLA SOLUTIONS ONLI 631-792-1749 IL 24943004170700444229075 CKCD 4812 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-272.19

Your checking account

NJ MOBILE HEALTH CARE LLC | Account #

2621 | June 1, 2024 to June 30, 2024

Withdrawals and other debits - continued

Date	Description	Amount
06/20/24	CHECKCARD 0618 QUICK CHEK CORPORATION MAHWAH NJ 24427334171710002619257	-15.09
	CKCD 5541 XXXXXXXXXXXX8636 XXXX XXXX XXXX 8636	
06/20/24	CHECKCARD 0618 QUICK CHEK CORPORATION MAHWAH NJ 24427334171710002625015	-35.10
	CKCD 5542 XXXXXXXXXXX8636 XXXX XXXX XXXX 8636	
06/21/24	CHECKCARD 0619 VALERO FUEL MAHWAH MAHWAH NJ 24427334172120003943970	-81.07
	CKCD 5542 XXXXXXXXXXXX8636 XXXX XXXX XXXX 8636	
06/24/24	PURCHASE 0622 ADOBE 408-536-6000 CA	-21.31
06/24/24	PURCHASE 0621 Amazon Prime*V83DP7MR3 Amzn.com/biliWA	-15.98
Subtotal	for card account # XXXX XXXX XXXX 8636	-\$1,878.96
Total with	-\$10,063.18	

Service fees

Date	Transaction description		Amount	
06/06/24	TD BANK MAHWAH	06/06 #000001 NJ FEE CKCD	046 WITHDRWL 375 ROUTE 17 NORT XXXXXXXXXXXX8636	-2.50
06/21/24	Wire Transf	er Fee		-30.00
Total serv	rice fees			-\$32.50

Note your Ending Balance already reflects the subtraction of Service Fees.

Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
06/01	14.27	06/10	757.52	06/18	298.44
06/03	-51.36	06/11	430.63	06/20	2,694.17
06/05	270.67	06/12	41.60	06/21	-40.70
06/06	84.26	06/14	19.30	06/24	-77.99
06/07	24.44	06/17	2,716.55		

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P.O. Box 15284 Wilmington, DE 19850

NJ MOBILE HEALTH CARE LLC 370 FRANKLIN TPKE STE 2 MAHWAH, NJ 07430-2291

Business Advantage

Customer service information

- 1.888,BUSINESS (1.888,287,4637)
- bankofamerica.com
- Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118

Your Business Advantage Relationship Banking

for June 1, 2024 to June 30, 2024

NJ MOBILE HEALTH CARE LLC

Account summary

Ending balance on June 30, 2024	\$0.01
Service fees	-29.95
Checks	-0.00
Withdrawals and other debits	-4,800.46
Deposits and other credits	4,043.61
Beginning balance on June 1, 2024	\$786.81

Account number:

of deposits/credits: 16

of withdrawals/debits: 30

of items-previous cycle1: 16

of days in cycle: 30

Average ledger balance: \$193.73

¹Includes checks poid, deposited items and other debits



Important information about payment scams

We will never...

- call and ask you to send money using Zeile® to yourself or anyone else.
- contact you via phone or text to ask for a security code.
- reach out to you and ask you to send money or provide a code. If someone unfamiliar to you does this, it's likely a scam.

Treat Zelle® payments like cash - once you send money, you're unlikely to get it back.

Learn more about trending scams at bofa.com/helpprotectyourself

Zelle® and the Zelle® related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

SSM-09-23-0692 A 1 6039180

IMPORTANT INFORMATION:

BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error
 or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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2650 | June 1, 2024 to June 30, 2024

NJ MOBILE HEALTH CARE LLC | Account #

Deposits and other credits

Date	Description	Amount
06/03/24	Counter Credit	542.04
06/04/24	RETURN OF POSTED CHECK / ITEM (RECEIVED ON 06-03)	188.19
06/04/24	BANKCARD 1929 DES:MTOT DEP ID:536927960307817 INDN:NJ MOBILE HEALTH CARE CO ID:10621929SD CCD	113.81
06/07/24	10L GOVDEALS DES:10LGDUSFSS ID:66040 INDN:NJ MOBILE HEALTH CARE, CO ID:1522293687 CCD PMT INFO:REF*\	42.00
06/07/24	BANKCARD 1929 DES:MTOT DEP ID:536927960307817 INDN:NJ MOBILE HEALTH CARE CO ID:10621929SD CCD	20.00
06/10/24	Zelle payment from LIME LINE OPERATIONS LLC Conf# n5gfet199	600.00
06/10/24	Zelle payment from LIME LINE OPERATIONS LLC Conf# bg0w729e1	300.00
06/10/24	Counter Credit	249.01
06/12/24	Counter Credit	700.00
06/14/24	Counter Credit	162.64
06/17/24	Counter Credit	462.92
06/17/24	Zelle payment from LIME LINE OPERATIONS LLC Conf# rkgbngxsw	225.00
06/17/24	Online Banking transfer from CHK 2621 Confirmation# 7166009820	223.00
06/17/24	Zelle payment from LOUIS V GRECO Conf# 99aiuhee9	40.00
06/21/24	BANKCARD 1929 DES:MTOT DEP ID:536927960307817 INDN:NJ MOBILE HEALTH CARE CO ID:10621929SD CCD	100.00
06/21/24	Zelle payment from LOUIS V GRECO Conf# 99aj36smw	75.00
Total dep	osits and other credits	\$4,043.61

Withdrawals and other debits

Date Description		Amount
06/03/24	Zelle payment to Ted Rawley for "Fuel"; Conf# tecg5ep7b	-250.00
06/03/24	Zelle payment to Louis Greco for 'Dtf'; Conf# us25b8lzq	-250.00

continued on the next page

Account security you can see

Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.





Your checking account

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.

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Withdrawals and other debits - continued

06/03/24		
	Online Banking transfer to CHK 2621 Confirmation# 7432774582	-150.00
06/03/24	BANKCARD 1929 DES:MTOT DISC ID:536927960307817 INDN:NJ MOBILE HEALTH CARE CO ID:10621929SM CCD	-188.19
06/05/24	Online Banking transfer to CHK 2621 Confirmation# 7460635669	-350.00
06/06/24	Online Banking transfer to CHK 2621 Confirmation# 7968886692	-250.00
06/07/24	Online Banking transfer to CHK 2621 Confirmation# 7680156627	-70.00
06/07/24	Online Banking transfer to CHK 2621 Confirmation# 7480175723	-100.00
06/10/24	Online Banking transfer to CHK 2621 Confirmation# 7587718565	-150.00
06/10/24	Zelle payment to Vanessa Castoire for 'AutoZone Supplies'; Conf# oycqheoep	-60.00
06/10/24	Online Banking transfer to CHK 2621 Confirmation# 4503013095	-50.00
06/10/24	Online Banking transfer to CHK 2621 Confirmation# 5003941397	-50.00
06/10/24	Online Banking transfer to CHK 2621 Confirmation# 4804290051	-40.00
06/10/24	Online Banking transfer to CHK 2621 Confirmation# 4805512958	-500.00
06/11/24	Online Banking transfer to CHK 2621 Confirmation# 7713126237	-75.00
06/11/24	Zelle payment to Ted Rawley Conf# wmfqfbvme	-275.00
06/13/24	Zelle payment to Louis Greco Conf# tat78yiba	-400.00
06/13/24	Zelle payment to Ted Rawley Conf# yp9ggk1yw	-275.00
06/14/24	Online Banking transfer to CHK 2621 Confirmation# 7239666728	-28.00
06/17/24	Zelle payment to Louis Greco Conf# wxzfi0tvn	-150.00
06/17/24	Online Banking transfer to CHK 2621 Confirmation# 7858175774	-238.00
06/17/24	Online Banking transfer to CHK 2621 Confirmation# 7958266600	-40.00
06/17/24	BILL.COM LLC DES:BILLING ID:01B4MZKHOYOUL8W INDN:NJ Mobile HealthCare, CO ID:1082689000 CCD PMT INFO:BILL.COM 01B4MZKHOYOUL8W STMT 2405708196 9 NJ MOBILE HEALTHCARE, LLC	-221.96
06/18/24	Online Banking transfer to CHK 2621 Confirmation# 7670994356	-275.00
06/18/24	Zelle payment to Louis Greco Conf# x4xq7rvj9	-150.00
06/18/24	Online Banking transfer to CHK 2621 Confirmation# 7373215683	-25.00
06/21/24	Online Banking transfer to CHK 2621 Confirmation# 8099959501	-19.31
06/21/24	Online Banking transfer to CHK 2621 Confirmation# 71C0048872	-75.00
06/21/24	Mahwah Fire Prev DES:Payables ID:016TGDXYL3DQ2N9 INDN:NJ Mobile HealthCare, CO ID:3204895317 CCD PMT INFO:Mahwah Fire Prevention Bureau Bill.com P 24061901 - 7228131 Inv 24-000047	-95.00

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BANK OF AMERICA

Your checking account

NJ MOBILE HEALTH CARE LLC | Account #

2650 | June 1, 2024 to June 30, 2024

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	on the activity on your business accounts for the statement period ending 05/31/24, a Monthly Fee was charged for your primary as Advantage Relationship Banking account. You can avoid the fee in the future by meeting one of the requirements below:
\circ	\$15,000+ combined average monthly balance in linked business accounts

For information on how to open a new product, link an existing service to your account, or about Preferred Rewards for Business please call 1.888.BUSINESS or visit bankofamerica.com/smallbusiness.

Date	Transaction description	Amount
06/03/24	Monthly Fee Business Adv Relationship	-29.95
Total servi	ice fees	-\$29.95

Note your Ending Balance already reflects the subtraction of Service Fees.

Become a member of Preferred Rewards for Business

Daily ledger balances

Daily ledger	Balance (\$)	Date	Balance(S)	Date	Balance (\$)
06/01	786.81	06/07	54.71	06/14	163.36
06/03	460.71	06/10	353.72	06/17	464.32
06/04	762.71	06/11	3.72	06/18	14.32
06/05	412.71	06/12	703.72	06/21	0.01
06/06	162.71	06/13	28.72		

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